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**United States
Department of
Agriculture**

AUG 11 1998

Food and
Consumer
Service

Mountain Plains Region
Reply to
Attn. of: SP 98-16

1244 Speer Blvd.
Denver, CO
80204-3581

Subject: Update to Uses of the Multi-Use Free and Reduced Price School Meal Application

To: STATE AGENCY DIRECTORS - Colorado ED, Colorado DPHE,
(Child Nutrition Programs) Iowa, Kansas, Missouri ED,
Missouri DH, Montana OPI,
Montana DPHSS, Nebraska ED,
North Dakota, South Dakota,
Utah, and Wyoming ED

Earlier this year, President Clinton called for a nationwide children's health outreach initiative to enroll children without health insurance in Medicaid or in their State's Children's Health Insurance Program (CHIP). CHIP is a jointly funded Federal/State health insurance program administered by the Department of Health and Human Services. The Child Nutrition Programs (CNP) can assist in this important initiative. Our free and reduced price meal application is widely distributed and familiar to most low-income households with children. Many of the children served by the CNPs do not have health insurance and are being targeted for Medicaid and CHIP.

As a result of guidance we provided in November 1993 (SP-C-44), many school food authorities are currently using a multi-use free and reduced price meal application to offer households the opportunity to waive their rights to confidentiality in order to receive information about the Medicaid Program. Attached are prototype forms which provide examples of waivers for providing health insurance information to Medicaid and CHIP.

Although an amendment to the National School Lunch Act allows some nonconsensual disclosure of students' free and reduced price school meal status to specified programs, disclosure for Medicaid and CHIP are not included in the statute. Therefore, households that want information about Medicaid and CHIP must waive their rights to confidentiality under the CNPs.

We realize many schools may have printed their free and reduced price meal application for this school year. For this reason, we have also included prototype waivers that can be used as separate documents to obtain parental waiver of confidentiality. These forms may be distributed by schools along with the free and reduced price meal application package or sent out separately. We have also attached guidance for waivers of confidentiality for State agencies (SAs) and school food authorities that wish to develop their own multi-use application.

School food authorities that intend to share individual student's free and reduced price eligibility information, using one of our prototype applications or using a State or locally developed waiver, must have a Memorandum of Understanding with the agency that will receive the student information. This will help ensure that the receiving agency limits the use of the information to the purposes specified in the waiver.

To enable the Child Nutrition SAs to obtain information about the health insurance programs for children in their State, we have also attached the names of State CHIP coordinators for those States that have submitted CHIP State Plans. State agencies should check the CHIP website (www.hcfa.gov) for updates if your State is not currently listed. We would encourage SAs and school food authorities to contact these individuals to discuss their local CHIP program and also to work with State and local education officials to coordinate efforts to reach children without health insurance. Also attached is a disk with the prototype forms and a fact sheet on CHIP.

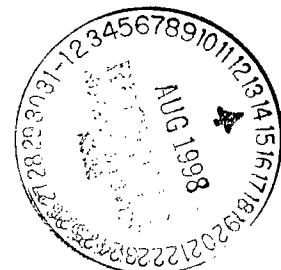
Please note that our National Office plans to develop and distribute prototype applications for the Child and Adult Food Program (CACFP) in the near future. In the meantime, States may use the information on the school prototype for CACFP.

Ann C. De Groat

ANN C. DEGROAT
Regional Director
Child Nutrition Programs

Attachments

Note: The prototype forms and disk are on file in Nutrition Services.



MULTI-USE FREE AND REDUCED PRICE MEAL APPLICATION

Interested State agencies and school food authorities should contact their State Children's Health Insurance Program (CHIP) coordinator to discuss use of the free and reduced price meal application to outreach to low-income children who may not have health insurance. USDA developed two prototype free and reduced price meal applications that may be used for this purpose. Although the two applications look similar, they are different in the information that may be released with parental/guardian consent. Two additional prototype forms were developed that may be distributed to households separately from the free and reduced price application. These forms are intended for schools that have already printed their free and reduced price meal application or who do not want to use a multi-use free and reduced price meal application, but want to participate in Medicaid and CHIP outreach. These may be distributed with the application package or separately anytime during the school year. Your State or local CHIP coordinator can tell you which of the prototype forms would be best for outreaching and enrolling children in CHIP. State agencies and school food authorities may also develop their own forms which may better suit State and local needs.

VERSION 1

This prototype free and reduced price meal application allows households to permit school food service personnel to give all information contained on the free and reduced price meal application to Medicaid and CHIP officials. This would include the child's name, names of all household members, all income information or a program case number (food stamp, Temporary Assistance for Needy Families, Food Distribution Program on Indian Reservations) address, social security number of the adult household member. A photocopy of the application provided to Medicaid/CHIP officials would also be permitted under this option. If the adult's social security number is disclosed, the privacy act statement must be changed to advise parents of this and the intended uses of the number.

VERSION 2

This prototype free and reduced price meal application allows households to permit school food service personnel to give only their name and address, and an indication that the household had applied for free and reduced price meals, to Medicaid and CHIP officials to facilitate outreach to these families.

VERSION 3

This prototype form may be distributed separately from the free and reduced price application. However, the form may be attached to the free and reduced price meal application and sent out at the same time or distributed separately from the free and

reduced price application and at a different time. Version 3, like Version 1, allows households to indicate that they permit school food service personnel to give all information contained on the free and reduced price meal application to Medicaid and CHIP officials. This would include child's name, names of all household members, all income information or a program case number (food stamp, Temporary Assistance for Needy Families, Food Distribution Program on Indian Reservations) address, social security number of the adult household member. A photocopy of the application provided to Medicaid/CHIP officials would also be permitted under this option. If the adult's social security number is disclosed, the privacy act statement must be changed to advise parents of this and the intended uses of the number.

VERSION 4

This prototype form may be distributed separately from the free and reduced price application. However, the form may be attached to the free and reduced price meal application and sent out at the same time or distributed separately from the free and reduced price application and at a different time. Version 4, like Version 2, allows households to indicate that they permit school food service personnel to give only their name and address, and an indication that the household had applied for free and reduced price meals, to Medicaid and CHIP officials.



GUIDANCE FOR WAIVER OF CONFIDENTIALITY

Any State agency or school food authority wishing to develop their own waiver of confidentiality statement to allow households to waive their rights to confidentiality under the Child Nutrition Programs must adhere to the following guidelines:

1. The waiver must advise the household that the information provided on the free and reduced price meal application will be used for other programs.
2. The waiver must precisely identify the agencies the information will be shared with and for what purposes.
3. The application must state that the signing of the waiver must not be construed by the applicant or the program administrator as an additional requirement or a prerequisite for participation in any of the child nutrition programs.
4. The applicant must be able to limit the waiver to encompass only those programs to which he or she wishes to share information. For example, the waiver could use a check-off system under which the applicant would check or initial a box to indicate that he or she wants to apply for benefits from a particular program.
5. Although the application for school meals or milk may be signed by any adult household member, the waiver of confidentiality must be signed by the parent or legal guardian for the child.
6. When using a multi-use application and disclosing the social security number provided by the household on the application, the notice required by the Privacy Act of 1974 must be modified. The notice must inform households that the social security number may be used by the other programs and for what purpose. For example, if Medicaid officials plan to match the household member's name and social security number against the list of Medicaid participants, the privacy act statement on the free and reduced price application must be modified to inform the household of this fact and the reason for the match, such as to determine whether the household is currently receiving Medicaid benefits.
7. The State agency or school food authority must ensure, in writing, that entities receiving children's free and reduced price eligibility information limit the use of such information to the purposes specified in the waiver request. This may be done through, a Memorandum of Understanding with the agency or agencies who will receive the information. This is to ensure that the household's rights to privacy are respected by using the information only for the purposes agreed to.

**PROTOTYPE LETTER TO HOUSEHOLDS
SCHOOL NUTRITION PROGRAMS**

Dear Parent/Guardian:

The _____ School offers a choice of healthy meals each school day. Children may buy lunch for _____ and breakfast for _____. Children who qualify under U.S. Department of Agriculture guidelines may get meals free or at a reduced price of _____ for lunch and _____ for breakfast. All meals served must meet nutrition standards established by the U.S. Department of Agriculture. If a child has a disability, as determined by a doctor, and the disability prevents the child from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. Please call the school for further information.

Your child can get free school meals if you get food stamps, Temporary Assistance for Needy Families (TANF) or benefits from the Food Distribution Program on Indian Reservation (FDPIR). If your total household income is the same or below the amount on the Income Chart, your child can get either free meals or reduced price.

How do I get free or reduced price school meals for my child?

You must complete the free and reduced price school meal application and return it to the school.

Income Chart For School Year 1998-99			
Household size	Yearly	Monthly	Weekly
1	14,893	1,242	287
2	20,073	1,673	387
3	25,253	2,105	486
4	30,433	2,537	586
5	35,613	2,968	685
6	40,793	3,400	785
7	45,973	3,832	885
8	51,153	4,263	984
For each additional	+5,180	+432	+100
household member add			

- **Households getting food stamps, TANF, or benefits from FDPIR.** You only have to include your child's name, **case number** and an adult household member must sign the application.
- **Other households.** If you do not have a case number, you have to include the names of all household members, the amount of income each person got last month and where the income came from. An adult household member must sign the application and include his or her social security number.
- **Households with a foster child.** You must include the child's name, the amount of "personal use" income the child got last month and an adult must sign the application

Will the application be verified? Your eligibility may be checked at anytime during the school year. School officials may ask you to send papers that show that your child should get free or reduced price school meals.

Can I appeal the school's decision? You can talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing by calling or writing: _____ Phone _____

Address _____

Can I get other benefits, such as health insurance, for my child? Your child may be eligible for a new **health insurance program for children**. Please look at Part 6 on the free and reduced price school meal application if you do not have health insurance for your child.

Must I report changes? If your child gets free or reduced price meals because of your income, you must tell us if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If your child get free meals because he or she gets food stamps, TANF or benefits from FDPIR, you must tell us when you no longer get these benefits.

Will information on my application be kept confidential? We will use the information on your application to decide if your child should get free or reduced price meals. We may inform officials connected with Title I and the National Assessment of Educational Progress whether your child is eligible for free or reduced price school meals. They will use this information for funding and/or evaluation purposes. Information may also be disclosed if you want the application to be used to get other benefits. See Part 6 on the application.

Can I apply for free and reduced price meals later? You may apply for free and reduced price meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or get food stamps or TANF or benefits from FDPIR, complete an application then.

We will let you know if you are approved or denied.

Sincerely,

HOW TO COMPLETE THE FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

Please complete the Free and Reduced Price School Meal Application using the instructions below. Sign the application and return it to the school. Call the school if you need help: # _____

1 STUDENT INFORMATION: Print your child's name.

2 ARE YOU APPLYING FOR A FOSTER CHILD? Complete this Part and sign the application in #5.

- (a) Write the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income.
- (b) A foster parent or other official representing the child must sign the application in #5. You do not have to list a social security number.

3 DO YOU GET FOOD STAMPS or BENEFITS FROM THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) or TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) ?

Complete this Part and sign the application in #5.

- (a) List your current food stamp case number or your FDPIR or TANF case number for the child.
- (b) Sign the application in #5. An adult household member must sign. You do not have to list a social security number.

4 ALL OTHER HOUSEHOLDS: Complete this Part and sign the application in #5.

- (a) Write the names of everyone in your household even if they do not have an income. Include yourself, the child you are applying for and all other children.
- (b) Write the amount of income each person received last month before taxes or anything else was taken out; and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual monthly income.
- (c) Sign the application and include a social security number in #5.

5 SIGNATURE AND SOCIAL SECURITY NUMBER:

- (a) The application must have the **signature** of an adult household member.
- (b) The adult household member who signs the statement must include his/her **social security number**. *If he/she does not have a social security number, write "none" or something else to show that he/she does not have a social security number.*
A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child.

6 OTHER BENEFITS: You may be eligible for free or low-cost health insurance for your child. Look at Part 6 on the back of the application for free and reduced price school meals. You are **not required** to complete this to get meal benefits

7 RACIAL/ETHNIC IDENTITY: You are **not required** to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security

Pensions
Supplemental Security Income
Retirement income
Veteran's payments
Social security

Other Income/Self-employment

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/
investments
Regular contributions from
persons not living in the
household
Net royalties/annuities/
net rental income
Any other income

Welfare/Child Support/Alimony

Public assistance payments
Welfare payments
Alimony/child support payments



FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

Complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

1 CHILD'S NAME:

Last

First

M.I.

Grade: _____ Room: _____

2 Is this a FOSTER CHILD? (See the instructions) If this is a foster child, check here [] and write the child's monthly income here: \$ _____. Go to section #5.

3 Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child? List the case number. DO NOT Complete section #4. Go to section #5.

Food stamp case number: _____ FDPIR case number: _____

TANF case number: _____

4 ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
Names of Household Members (include the child named above)	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, FDPIR, or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Social Security Number: _____ - _____ - _____

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address _____

Zip Code _____

Date _____

Privacy Act Statement. Unless you list the child's food stamp, FDPIR, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine current certification for food stamps, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

6 OTHER BENEFITS - You do not have to complete this part to get free or reduced price school meals.

Health Insurance ☐ Yes. I want health insurance for my child. School officials may give information from my free and reduced price school meal application to Medicaid or Children's Health Insurance Program (CHIP) officials. Medicaid and CHIP officials may use the information to help determine whether my child is eligible for either Medicaid or CHIP. Medicaid and CHIP officials may contact me for more information.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

Signature of parent/guardian _____ Date _____

7 RACIAL/ETHNIC IDENTITY: You are not required to answer this question.

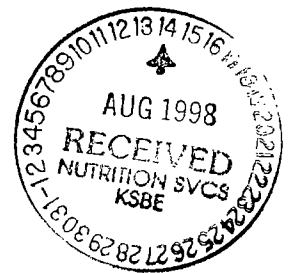
☐ White, not of Hispanic Origin ☐ Black, not of Hispanic Origin ☐ Hispanic ☐ Asian or Pacific Islander ☐ American Indian or Alaska Native

For School Use Only: Food stamp/FDPIR/TANF household categorically eligible free: ☐ Yes ☐ No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____

Determining official: _____ Signature: _____ Date: _____



In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or disability. If you believe that you or anyone has been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to: Administrator, Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Alexandria, VA 22302.

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION

Complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

1 CHILD'S NAME:

Grade: _____ Room: _____

Last

First

M.I.

2 Is this a FOSTER CHILD? (See the instructions) If this is a foster child, check here [] and write the child's monthly income here: \$ _____. Go to section #5.

3 Are you getting FOOD STAMPS, TANF or FDPIR benefits for your child? List the case number. DO NOT Complete Section #4. Go to section #5.

Food stamp case number: _____ FDPIR case number: _____

TANF case number: _____

4 ALL OTHER HOUSEHOLDS: (Complete this part only if you did not complete sections #2 or #3) List all household members, including the child listed above. List all income. Go to section #5.

Names	Current Monthly Income			
	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____

5 SIGNATURE: An adult household member must sign the application before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, FDPIR, or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Social Security Number: _____ - _____ - _____

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address _____

Zip Code _____

Date _____

Privacy Act Statement. Unless you list the child's food stamp, FDPIR, or TANF case number, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR, or TANF office to determine current certification for food stamps, FDPIR, or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

6 OTHER BENEFITS - You do not have to complete this part to get free or reduced price school meals.

Health Insurance ☐ Yes. I want health insurance for my child. School officials may give my name and address to Medicaid or the Children's Health Insurance Program officials so that they can send me information about free or low-cost health insurance for my child.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

Signature of parent/guardian _____ **Date** _____

7 RACIAL/ETHNIC IDENTITY: You are not required to answer this question.

☐ White, not of Hispanic Origin ☐ Black, not of Hispanic Origin ☐ Hispanic ☐ Asian or Pacific Islander ☐ American Indian or Alaska Native

For School Use Only: Food stamp/FDPIR/TANF household categorically eligible free: ☐ Yes ☐ No

MONTHLY INCOME CONVERSION: WEEKLY X 4.33, EVERY 2 WEEKS X 2.15, TWICE A MONTH X 2

Total monthly income: _____ Household size: _____ Eligible: _____ NOT Eligible: _____

Determining official: _____ Signature: _____ Date: _____



In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or disability. If you believe that you or anyone has been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to: Administrator, Food and Nutrition Service, U.S. Department of Agriculture, 3101 Park Center Drive, Alexandria, VA 22302.

WAIVER OF APPLICATION INFORMATION

Dear Parent/Guardian:

There is now affordable health insurance for children. This year, a new nationwide health insurance program is beginning. Now, most families who work hard to make ends meet can get low-cost or free health insurance for their children.

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child's learning and have life long effects. If you do not have health insurance for your child, check the box below to receive information about free and low-cost health insurance for children.

Health Insurance ☐ Yes. I want health insurance for my child. School officials may give information from my free and reduced price school meal application to Medicaid or Children's Health Insurance Program (CHIP) officials. Medicaid and CHIP officials may use the information to help determine whether my child is eligible for either Medicaid or CHIP. Medicaid and CHIP officials may contact me for more information.

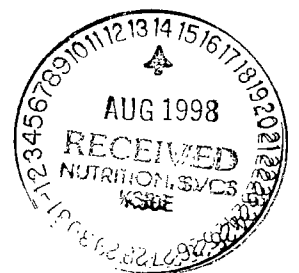
I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

Signature of
parent/guardian _____

Printed name of
parent/guardian: _____

Address: _____



WAIVER OF NAME AND ADDRESS

Dear Parent/Guardian:

There is now affordable health insurance for children. This year, a new nationwide health insurance program is beginning. Now, most families who work hard to make ends meet can get low-cost or free health insurance for their children.

Children with health insurance are more likely to receive needed vaccinations and get treated for illnesses. Without treatment, these illnesses can slow a child's learning and have life long effects. If you do not have health insurance for your child, check the box below to receive information about free and low-cost health insurance for children.

Health Insurance ☐ Yes. I want health insurance for my child. School officials may give my name and address to Medicaid or the Children's Health Insurance Program officials so that they can send me information about free or low-cost health insurance for my child.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

Signature of
parent/guardian _____

Printed name of
parent/guardian: _____

Address: _____

HCFA	Medicare	Medicaid	Help	Feedback	Search	FAQs
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Children's Health Insurance Program



Status Report and Contact Information

The following is a list of States that have submitted State plans to access funds authorized under Title XXI of the Social Security Act, the Children's Health Insurance Program (CHIP). To request a copy of a CHIP State plan, please contact the State official listed on this page. If the State has a copy of its plan posted on the Internet, the State's name will be highlighted in blue and will serve as a link to transfer you to the State's website. Please note, however, that by linking to the State page, you will be leaving the HCFA website.

ALABAMA (Date of Plan Approval: January 30, 1998)
(Date of Plan Amendment Submission: May 21, 1998)
Kathy Vincent
Staff Assistant to the State Health Officer
Alabama Department of Public Health
RSA Tower Suite 1552
P.O. Box 303017
Montgomery, AL 36130-3017
(334) 206-5300

ARIZONA (Date of State Plan Submission: June 25, 1998)
Cheri Tomlinson
Federal and State Policy Administrator
Division of Policy, Analysis, and Coordination
Arizona Health Care Cost Containment System (AHCCCS)
801 East Jefferson Street
Phoenix, AZ 85002-5520
(602) 417-4534

ARKANSAS (Date of State Plan Submission: May 12, 1998)
Joie Wallis
Program Administrator
Division of Medical Services
Arkansas Department of Human Services
Donaghey Plaza South
P.O. Box 1437
Little Rock, AR 72203-1437
(501) 682-8368

CALIFORNIA (Date of Plan Approval: March 24, 1998)
(Date of Plan Amendment Approval: June 26, 1998)
Leslie Cummings
Associate Director for Health Policy
Department of Health Services
714 P. Street, Room 1253
Sacramento, CA 95814
(916) 653-2223

COLORADO (Date of Plan Approval: February 18, 1998)

Sarah Schulte
Senior Health Policy Analyst
Department of Health Care Policy and Financing
1575 Sherman Street, Fourth Floor
Denver, CO 80203-1714
(303) 866-3144

CONNECTICUT (Date of Plan Approval: April 27, 1998)

Linda Mead
HUSKY Plan Project Director
Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033
(860) 424-5995

DELAWARE (Date of State Plan Submission: June 30, 1998)

Thelma Mayer
Administrator
Medicaid Unit
Department of Health and Social Services
P.O. Box 906, Lewis Building
1901 North DuPont Highway
New Castle, DE 19720
(302) 577-4900

DISTRICT OF COLUMBIA (Date of State Plan Submission: May 11, 1998)

Linda Flowers
Policy Analyst
Department of Human Services
2100 ML King Jr. Avenue, S.E.
Washington, D.C. 20020 (202) 645-5057

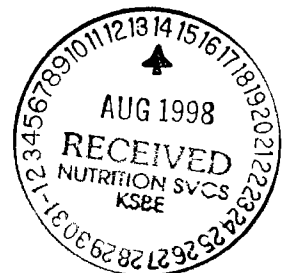
FLORIDA (Date of Plan Approval: March 5, 1998)

Bob Sharpe
Director of Program Analysis
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Last updated August 4, 1998

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